

1. CIR./DIST./DIV. CODE PAM		2. PERSON REPRESENTED Davis, Steven		VOUCHER NUMBER																																																																																																																																																								
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:01-000246-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																																																							
7. IN CASE/MATTER OF (Case Name) U.S. v. Davis		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Crack Retroactive Amendment																																																																																																																																																							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846-CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																																																												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ABELN, GREGORY B. 37 E POMFRET ST. CARLISLE PA 17013  Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>SK</i> Signature of Presiding Judicial Officer or By Order of the Court <u>07/07/2008</u> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																									
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ABELN LAW OFFICE 37 E. POMFRET STREET CARLISLE PA 17013																																																																																																																																																												
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